

2363

ARIZONA STATE DEPARTMENT OF HEALTH

(This return should preferably be made by the person who made the original)

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.* 84

Place of Birth Globe County Pima No. _____ St. _____
(Registration District)

SEX OF CHILD* <u>Female</u>	Twin Triplet or other?	and	Number in order of birth
DATE OF BIRTH <u>October 1 1914</u>	(Month)	(Day)	(Year)
FULL NAME <u>William Eplett</u>	FATHER		
FULL MAIDEN NAME <u>Jessie Mzy Ruler</u>	MOTHER		

I HEREBY CERTIFY that the child described herein has been named

Dorothy May Eplett
(Give name in full) (Surname)
Earl E. Ruler
(Parent's Signature)

(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.

10M 11-41 A.P.

453-1001-195